

# SCHOOL AGE SERVICES CAMP REQUEST

Please circle the weeks of Summer Camp that you are interested in:

Jun 9-13

\*Jun 30, Jul 1, 2, 3

Jul 21-25

Aug 11-15

\*Jun 16-19

Jul 7-11

Jul 28-Aug 1

Jun 23-27

Jul 14-18

Aug 4-8

\*indicates a 4 day camp week

## 1. DATE OF REQUEST (YYMMDD)

## 2. FAMILY INFORMATION

a. SPONSOR'S NAME (Last, First, Middle Initial)

b. SPOUSE'S NAME (Last, First, Middle Initial)

c. CHILD'S NAME (Last, First, Middle Initial)

d. CHILD'S DOB (YYMMDD)

e. GRADE COMPLETED

f. HOME ADDRESS (Street, City, State, Zip Code)

g. SPONSOR'S BRANCH OF SERVICE

h. DUTY ORGANIZATION

i. HOME TELEPHONE NUMBER (Include Area Code)

j. DUTY TELEPHONE NUMBER (Include Area Code)

## 3. SPECIAL NEEDS

Has your child been documented with any of the following medical or developmental concerns?

circle one

Allergies: Medicine

Allergies: Food/Environmental

Asthma

Attention Deficit Disorder

Behavioral Difficulties

Cerebral Palsy

Diabetes

Hearing Impairment

Daily Medication Taken \_\_\_\_\_

Heart Murmur/Disease

Learning Disabilities

Mentally Handicapped

Physical Impairment

Seizures

Speech/Language Delay

Visual Impairment

Other

## 4. SPONSOR'S STATUS (X one)

<input type="checkbox"/>	a. SINGLE MILITARY	<input type="checkbox"/>	e. SINGLE DOD CIVILIANS	<input type="checkbox"/>	h. MILITARY/FULL-TIME STUDENT SPOUSE
<input type="checkbox"/>	b. DUAL MILITARY	<input type="checkbox"/>	f. DOD CIVILIAN/FULL-TIME WORKING SPOUSE	<input type="checkbox"/>	i. MILITARY/FULL-TIME NON-DOD SPOUSE
<input type="checkbox"/>	c. MILITARY/DOD SPOUSE	<input type="checkbox"/>	g. CONTRACT EMPLOYEE	<input type="checkbox"/>	j. OTHER (Specify)
<input type="checkbox"/>	d. DUAL DOD CIVILIANS	<input type="checkbox"/>		<input type="checkbox"/>	

Signature

Date